



NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: OK Date: 13/04/20QA Closed: OK Date: 13/04/20

Work Order: <u>96214</u> Part No. <u>D3295.041</u> NCR No. <u>13.2466</u>				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input checked="" type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input checked="" type="checkbox"/> Setup <input checked="" type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>	<u>13-6</u>	<u>100</u>	<u>4x</u>	Scratches on surfaces.  When storing matl place between sheets of cardboard so not to scratch removing from rolls.	DAS 16 2-8 Q32042 13/04/20	Scrap + destroy.  Recut QTY x8 B# 125052	JM 13-6  13-8 13-4 13-52	DAS 27 2-8 13-4.5	DAS 16 2-8 Q32042 13/04/20

Landing Gear				General				FAULT CATEGORY					
<input type="checkbox"/> Bending	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Cracks	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input checked="" type="checkbox"/> Finish <u>scratched</u> <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input checked="" type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
<u>2-6. misshandling of parts</u>													

# Work Order ID 96214

\*96214\*

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January-25-13 8:56:52 AM

Item ID: D3295-041 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Floor Window  
 Start Date: 1/21/13 Start Qty: 2.00 \*2\* Cust Item ID:  
 Required Date: 2/08/13 Req'd Qty: 2.00 \*2\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check  Memo	0.00 0.00				4			
130 *130* Small Fab Small Fab	Small Fab  Memo Assemble as per Dwg D3295. Put window in plastic wrap.	0.00 0.00				4x			13/04/08
140 *140* QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00				4			

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge

☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

# Work Order ID 96214

**\*96214\***

Page 3

January-25-13 8:56:52 AM

Item ID: D3295-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Floor Window  
 Start Date: 1/21/13 Start Qty: 2.00 **\*2\*** Cust Item ID:  
 Required Date: 2/08/13 Req'd Qty: 2.00 **\*2\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Identify as per dwg & Stock Location: <u>ST2/2</u>	0.00							
<b>*150*</b>									
Packaging	Memo	0.00				4X			SP
Packaging									13-4-8
160	QC21- Final Inspection - Work Order Release	0.00							
<b>*160*</b>									
QC	Memo	0.00							13/4/89
Quality Control									

013-048

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>				
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/>										
Equip/Tooling <input type="checkbox"/>										
Operator <input type="checkbox"/>										
Material <input type="checkbox"/>										
Setup <input type="checkbox"/>										
Other <input type="checkbox"/>										
Process <input type="checkbox"/>										
Supplier <input type="checkbox"/>										
Training <input type="checkbox"/>										
Unapproved <input type="checkbox"/>										

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Picklist Print

January-25-13 8:56:52 AM

Page 1

Work Order ID: 96214

Parent Item: D3295-041

Parent Item Name: Floor Window

Start Date: 1/21/13

Required Date: 2/08/13

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP C05.06.20D3295-1 no longer made in-houseKJ/JLM  
IPP Rev:D Added DT8822 07-03-20 JLM  
IPP Rev:E Returned Manufacturing In House 07-06-26 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-9034-01 1/8" 9034 Lexan Sheet		Purchased	No			100	sf	237.3800	1.24	2.6105263			

*2.5 Jan 13-4-4*

Location

MAT019

Loc Qty

237.38

Loc Code

*117275*

*189.8*

*119391*

*47.58*

*125052*

*125052*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART AEROSPACE LTD		Work Order:	96214
Description: Window		Part Number:	D3295
Inspection Dwg: D3295	Rev: <i>DE/ABO/28</i>	Page 1 of 1	

### FIRST ARTICLE INSPECTION CHECKLIST

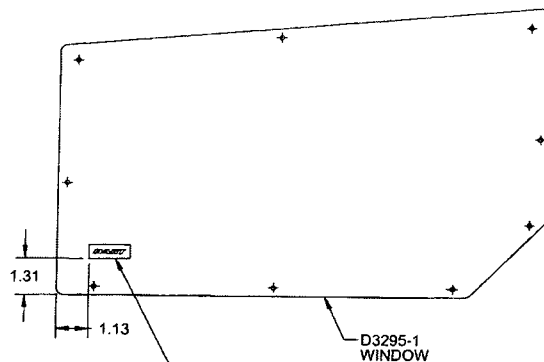
☒ First Article ☐ Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.156	+0.005/-0.001	0.158"	-		✓	Jkmo7
17.13	+/-0.030	17.13"	-		T	Jkmo6
10.43	+/-0.030	10.43"	-		U	Production
14.35	+/-0.030	14.35"	-		T	
8.98	+/-0.030	8.98"	-		✓	
0.625	+/-0.010	0.629"	-		U	
7.109	+/-0.010	7.109"	-		U	
15.845	+/-0.010	15.845"	-		T	
2.308	+/-0.010	2.312"	-		U	
5.420	+/-0.010	5.420"	-		✓	
9.402	+/-0.010	9.402"	-		U	
1.312	+/-0.010	1.315"	-		✓	
6.260	+/-0.010	6.260"	-		✓	
12.520	+/-0.010	15.520"	✓		T	
0.313	+/-0.010	0.314"	-		✓	
3.750	+/-0.010	3.754"	-		✓	
8.150	+/-0.010	8.150"	-		✓	
9.006	+/-0.010	9.007"	-		✓	
0.125	+/-0.010	0.117"	-		✓	

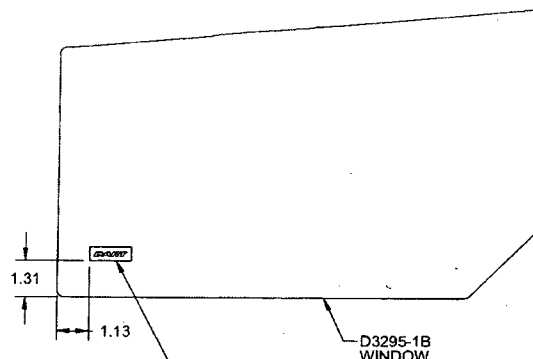
Measured by: <i>Jm</i>	Audited by: <i>27</i>	Prototype Approval:	N/A
Date: <i>13-2-7</i>	Date: <i>13.45</i>	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	07.11.23	New Issue P/O D3295-041	KJ/EC/DD	<i>[Signature]</i>

ITEM	QTY -041	QTY -041B	P/N	DESCRIPTION
	X		D3295-041	FLOOR WINDOW
		X	D3295-041B	FLOOR WINDOW, BLANK
1	1		D3295-1	WINDOW
2		1	D3295-1B	WINDOW, BLANK
3	1	1	D2728-1	DECAL



**D3295-041 FLOOR WINDOW**



**D3295-041B FLOOR WINDOW, BLANK**

- NOTES:
- 1) MATERIAL: N/A
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) N/A
  - 6) ENSURE SURFACE IS FREE OF DIRT/GREASE PRIOR TO APPLICATION OF SELF-ADHESIVE DECAL
  - 7) WEIGHT: D3295-041/-041B = 0.87 lbs

E	ADD D3295-041B-1B. REF. PAR12-223.	MB	12.11.15
D	REVISE MATERIAL TO LEXAN 9034 FROM POLYCAST ACRYLIC SHEET, ZONE A8 SH 2 ADD MISSING DIMENSION PER NCR 247, ZONE C3 SH 2 REFORMAT DRAWING	MP	07.11.07
C	CHANGE TEMPLATE # TO D18822	SSH	07.02.21
B	UPDATE MATERIAL PER NCR 029	CP	05.04.13
A	NEW ISSUE	CP	04.06.28
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	12.11.15		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

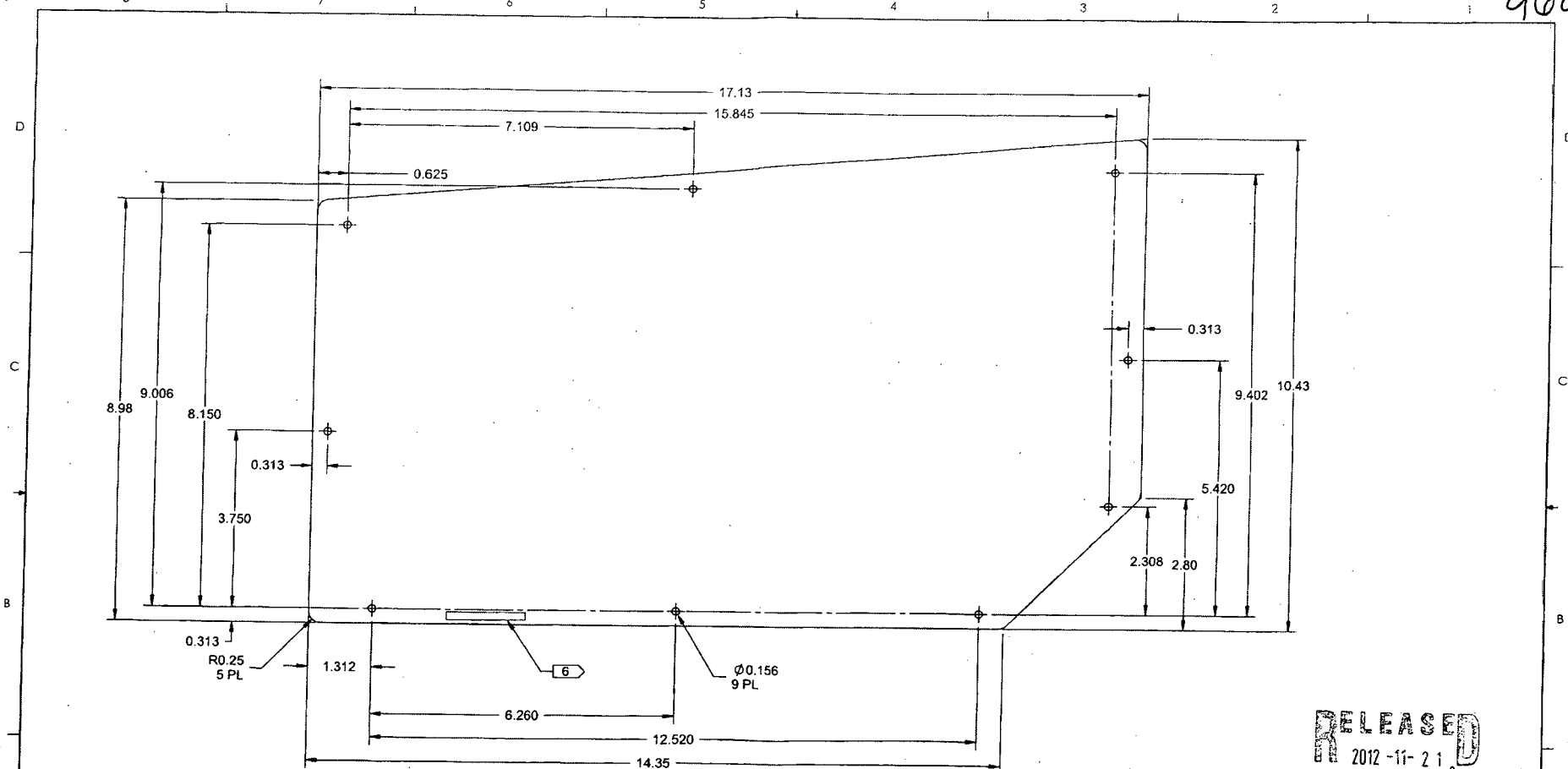
DRAWING NO. **D3295** REV. E  
SHEET 1 OF 3  
TITLE **FLOOR WINDOW** SCALE NTS

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96214 MJS  
13-01-25

RELEASED  
2012-11-21

96214

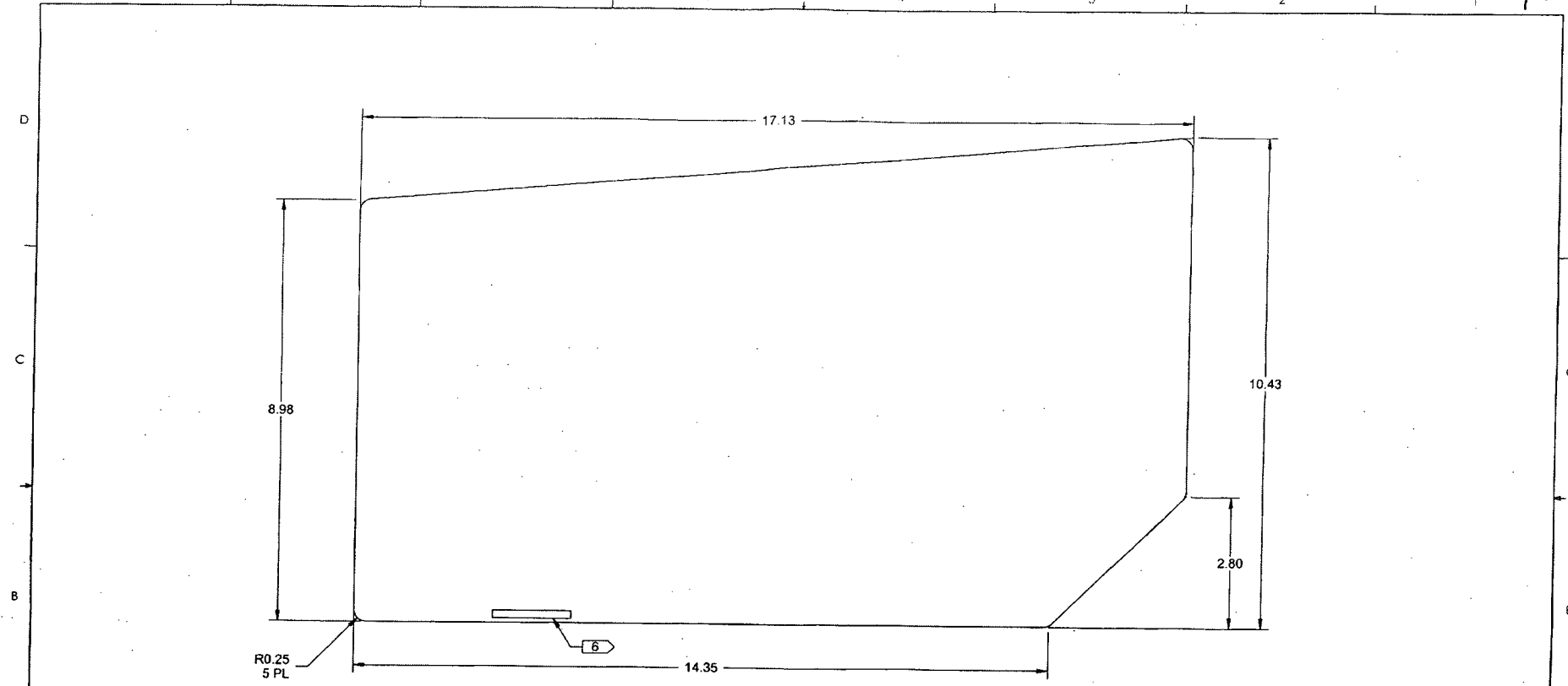


RELEASED  
2012-11-21

- NOTES:
- 1) MATERIAL: LEXAN 9034, 0.125 THICK  
REF DART SPEC. MLEXS.125-9034-01
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: ENGRAVE WITH DART P/N "D3295-041" AND B/N "BXXXXX" PER DART QSI 044 6.4 (VIBRATING STYLUS)  
USING LETTERS 0.125 TO MAX DEPTH OF 0.005. LOCATE APPROXIMATELY AS SHOWN
  - 7) WEIGHT: 0.87 lbs

DESIGN		<b>DART AEROSPACE LTD</b>	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO. <b>D3295</b>	REV. E
MFG. APPR.			SHEET 2 OF 3
APPROVED		TITLE <b>FLOOR WINDOW</b>	SCALE
DE APPR.			NTS
DATE	12.11.15	<small>COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

96214



**D3295-1B WINDOW**

**RELEASED**  
2012-11-21  
JMP

- NOTES:**
- 1) MATERIAL: LEXAN 9034, 0.125 THICK  
REF DART SPEC. MLEXS.125-9034-01
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: ENGRAVE WITH DART P/N "D3295-041B" AND B/N "BXXXXX" PER DART QSI 044 6.4 (VIBRATING STYLUS)  
USING LETTERS 0.125 TO MAX DEPTH OF 0.005. LOCATE APPROXIMATELY AS SHOWN
  - 7) WEIGHT: 0.87 lbs

DESIGN		<b>DART AEROSPACE LTD</b>	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. E
MFG. APPR.		D3295	SHEET 3 OF 3
APPROVED		TITLE	SCALE
DE APPR.		FLOOR WINDOW	NTS
DATE	12.11.15	<small>COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMPILE OR DISCLOSED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small>	